

CONSENT TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S) TO THE IEP MEETING WHEN POSTSECONDARY GOALS AND TRANSITION SERVICES ARE BEING CONSIDERED (007.03A10b)

_____ SCHOOL DISTRICT

Dear _____

Date _____

One of the purposes of your child's Individualized Education Program (IEP) meeting scheduled on _____ is to consider postsecondary goals and the transition services needed to assist your child in reaching those goals.

A review of your child's IEP and/or transition records indicates that an agency representative(s) be invited to the IEP meeting to assist with the transition planning for your child. The reason that the district proposes to invite the representative(s) is that there is a possibility that the agency may provide or pay for services. Your consent to invite the agency representative(s) to the upcoming IEP meeting is required.

The district has considered the following options including the reasons why those options were rejected: _____

In order to assist the agency representative(s) in preparing for the IEP meeting, the district proposes to release education records. Prior to releasing records, consent is needed and should be indicated.

Please complete and return this form to: _____

Sincerely,

Name and Title of District Contact Person

You and your child have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). The school district must provide you with a copy of your procedural safeguards once a year. If you would like another copy, have questions or need assistance understanding this notice or your rights you may contact: _____ at _____.

I understand the school district is proposing to invite to the IEP meeting a representative(s) of an outside agency. *(Please check the appropriate box below, sign, date and return one copy of this request to the school district)*

☐ I give my consent for the agency representative(s) listed below to be invited to the IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified representative(s) has/have been invited. I also give my consent to release the following education records.

☐ All records about Student and any other information requested by Recipient

☐ Scholastic Grades ☐ Psychological Evaluations ☐ Activity Records ☐ Discipline Records

☐ Health Records ☐ Standardized Test Scores ☐ Special Education Records

☐ Other _____

Agency

Consent to Invite

Consent to Release Records

YES _____ NO ____
YES _____ NO ____
YES _____ NO ____

YES _____ NO ____
YES _____ NO ____
YES _____ NO ____

Signature of Parent

Date

☐ I **do not** give consent for the above indicated agency representative(s) to be invited to IEP meeting. I **do not** give consent to release the listed education records.

Signature of Parent

Date